2003

Form CN-ES

Wisconsin Composite Estimated Tax Voucher

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 2003

Federal Employer Identification	Number		VOUCHER #1		
			Due Date: April 15, 2003		
Name of Corporation, Partnersh	ip, or Tax-Option (S) Cor	poration	AMOUNT OF PAYMENT \$		
Street Address		Please do not staple your payment to this voucher.			
			Make your check payable to and n	nail to:	
City	State	Zip Code	Wisconsin Department of Revenue		
			P.O. Box 8912		
	l .		Madison, WI 53708-8912		
				•	DC-04

2003

Wisconsin Composite Estimated Tax Voucher

Form CN-ES

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 2003

Federal Employer Identification Number			VOUCHER #2		
			Due Date: June 16, 2003		
Name of Corporation, Partnership, or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
City State Zip Code			Make your check payable to and mail to: Wisconsin Department of Revenue		
City	State	Zip Code	P.O. Box 8912 Madison, WI 53708-8912		

DC-046

2003

Form CN-ES

Wisconsin Composite Estimated Tax Voucher

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 2003

Federal Employer Identification Number			VOUCHER #3		
			Due Date: September 15, 2003		
Name of Corporation, Partnership, or Tax-Op	otion (S) Corporati	ion	AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
			Make your check payable to and mail to:		
City	State	Zip Code	Wisconsin Department of Revenue		
			P.O. Box 8912		
		•	[⊥] Madison, WI 53708-8912		

2003

Form **CN-ES**

Wisconsin Composite Estimated Tax Voucher

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 2003

Federal Employer Identification Number			VOUCHER #4		
			Due Date: January 16, 2004		
Name of Corporation, Partnership, or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
			Make your check payable to and mail to:		
City	State	Zip Code	Wisconsin Department of Revenue		
			P.O. Box 8912		
			Madison, WI 53708-8912		

DC-046

2003

Wisconsin Composite Estimated Tax Voucher

Form CN-ES

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 2003

Federal Employer Identification Number			VOUCHER #5 - EXTENSION PAYMENT		
			Due Date: April 15, 2004		
Name of Corporation, Partnership, or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
City State Zip Code		Zip Code	Make your check payable to and mail to: Wisconsin Department of Revenue P.O. Box 8912		
			Madison, WI 53708-8912		

DC-046